

**DISBURSEMENT WORKSHEET FOR
RURAL CUPA REIMBURSEMENT FUNDS
Fiscal Year 2006-2007**

CUPA

CUPA Name _____ Certification date _____
Street Address _____
City/Zip _____
Contact Person _____ Phone _____
County _____ email _____

I.

Total final adopted budget amount for unified program A\$ _____

(A copy of the final adopted unified program budget with specifics regarding the budgeted amounts for the CUPA program must be attached. If the budget was not adopted in this manner, call the Unified Program representative below.)

Using an official County population estimate (*Department of Finance population estimate effective January 1, 2006 or other recognized source effective January 1, 2006.*) identify the county population.

B _____

- 1) If B is less than 70,000 persons the requested amount shall not exceed 75% of A.
- 2) If B is more than 70,000 but less than 100,000 persons the requested amount shall not exceed 50% of A.
- 3) If B is more than 100,000 but less than 150,000 persons the requested amount shall not exceed 35% of A.

Multiply the adopted budget, A _____ times the percent -1,2 or 3 above- this will equal the total reimbursement amount based upon the adopted budget.

\$ _____

- The total reimbursement amount per county cannot exceed \$60,000. If amount does not exceed \$60,000, please write amount in C below. If amount above equals more than \$60,000, please write \$60,000 in C below.
- Unexpended funds from prior fiscal year \$ _____

Amount Requested from the CUPA Reimbursement Fund

C \$ _____

Disbursement should be made to the following person/agency _____

(mailing address)

Disbursement will be made after receipt of all pertinent information above.

I have read the reimbursement guidelines and to the best of my knowledge and belief, data in this application are true and correct. The budget has been duly approved and authorized by the governing board of the applicant CUPA and the CUPA will maintain compliance with Title 27, California Code of Regulations.

Contact Signature	Printed Name	Title	Date
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Attachments requested: official population estimate, approved unified program budget with authorized signatures, evidence of adoption of single fee system.

**Return disbursement/worksheet and attachments to: Tina Gonzales, Environmental Scientist,
Unified Program, Cal/EPA, 1001 I Street, 4th Floor, Sacramento, CA 95814, phone 916.322.2155, fax
916.322.5615**